MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

10549

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred: R.F.D.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D.
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Stillborn Twin #1 Abbott

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Oct 3rd, 1940

8. AGE: Years | Months | Days | If less than one day

Stillborn ..... hrs. ..... min.

9. Birthplace Church Creek Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Refused
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden name Elizabeth Abbott
15. Birthplace Md.

16. Informant Mrs. Paul Handley
Address Church Creek, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 4th 1940 (month) (day) (year)

Cemetery or crematory At Home

Location Church Creek, Md.

18. Funeral director Mrs. Mollie Abbott (grandmother)
Address Church Creek, Md.

19. 10-4 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3rd 1940, at 3:P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from not at all, to ..... 19.....

and that I last saw h..... alive on not at all 19.....

Immediate cause of death Stillborn (4 months) (Cause unknown)

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE John Mace Jr. M.D.
M. D. or other

Address Cambridge, Md. Date signed 10-4-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

10550

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Church Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

R.F.D.

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Church Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No.: R.F.D.

(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: Stillborn Twin # 2 Abbott

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Single

6.(b) Name of husband or wife: ✓

6.(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Oct 3rd. 1940

8. AGE: Years: Stillborn | Months | Days | If less than one day: hrs. min.

9. Birthplace: Church Creek, Md.

(Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER 12. Name: Refused

13. Birthplace: Cambridge, Md.

MOTHER 14. Maiden name: Elizabeth Abbott

15. Birthplace: Md.

16. Informant: Mrs. Paul Handley

Address: Church Creek, Md.

17. Burial: (Burial, cremation, or removal. Which?) Date thereof: Oct. 4. 1940 (month) (day) (year)

Cemetery or crematory: M House

Location: Church Creek, Maryland

19. Funeral director: Mrs. Mollie Abbott (Grandmother)

Address: Church Creek, Md

19. 10-4 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 3rd 1940, at 3:P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all 19 to 19

and that I last saw h alive on not at all 19

Immediate cause of death	DURATION
Stillborn (4 months)	
Due to: Cause unknown	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John Meade Jr. M.D. (M. D. or other)

Address: Cambridge, Md. Date signed: 10-4-40

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NOV 5 1940

10551

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48B)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Md Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland, County Dorchester
City or town Cambridge Md Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 203 N Earl Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No —

3. (a) FULL NAME Alice Rnicia Andreads —

3. (b) Social Security Number No

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Willard Guy Andreads
— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7-18-1884

8. AGE: Years 56 Months 2 Days 13 If less than one day ___ hrs. ___ min.

9. Birthplace Andreads, Md (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Home
FATHER 12. Name Soloman J. Phillips
13. Birthplace Md
MOTHER 14. Maiden name Susan A Moore
15. Birthplace Md
16. Informant Willard G. Andreads Jr
Address Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/3/40 (month) (day) (year)
Cemetery or crematory Green Lawn
Location Cambridge Md
18. Funeral director G S L Compton
Address Cambridge Md
19. Oct. 3rd 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1940, at 7:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1939 to Oct 1 1940, and that I last saw her alive on Sept 30 1940.

Immediate cause of death Cachexia —

Due to Carcinoma of uterus with metastases to liver and

Due to right femur

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Feb. 5. 1940 - Carcinoma of uterus with metastases to liver
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wylie M Law M. D
M. D. or other
Address Cambridge Md Date signed 10-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 5 1940
U. S. DEPT. OF AGRICULTURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10552

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R. F. D # 2

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D # 2 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lilie A Skinner

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widow

(b) Name of husband or wife James A Skinner

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9 June 1882

8. AGE: Years 58 | Months 4 | Days | If less than one day hrs. min.

9. Birthplace Bucktown md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business None

FATHER 12. Name James Askin

FATHER 13. Birthplace Lake Mill

MOTHER 14. Maiden name Annie Sanders

MOTHER 15. Birthplace Lake Mill

16. Informant James Askin

Address Bucktown

17. Bucktown (Burial, cremation, or removal. Which?) Date thereof October 19 (month) (day) (year)

Cemetery or crematory Bucktown

Location Camb. R#2

18. Funeral director Lewis H Bauserman

Address Cambridge Md

OCT 19 1940 19 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT 17 1940 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1940, to March 27 1940, and that I last saw h-lr alive on March 27 1940.

Immediate cause of death Pulmonary Tuberculosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward E. Lankford M. D. or other

Address Vienna, Md Date signed 10/18/40

RECEIVED
NOV 4 1940
DIVISION

A. Watts

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10553

Reg. Dist. No. 11

1. PLACE OF DEATH:

County: Dorchester

City or town: East New Market – Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred: Linkwood Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: East New Market – Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Linkwood Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: George G. Batson

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Lula Batson

6.(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): June 20, 1908

8. AGE:

Years	Months	Days	If less than one day
32	3	25	..... hrs. ..... min.

9. Birthplace: Dorchester County, Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER

12. Name: Henry Batson

13. Birthplace: Dorchester County, Maryland

MOTHER

14. Maiden name: Virgie Nichols

15. Birthplace: Dorchester County, Maryland

16. Informant: Mrs. Lula Batson

Address: East New Market, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: October 19, 1940 (month) (day) (year)

Cemetery or crematory: Cokesbury Colored Cemetery

Location: Cokesbury / Maryland

18. Funeral director: J. J. Trampton & Son

Address: Federalsburg, Maryland

19. Oct 16 1940 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 15 1940, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940 to Oct 15 1940

and that I last saw him alive on Oct 12 1940

Immediate cause of death: Acute Cardiac Dilatation — DURATION: Suddly

Due to: Mitral Regurgitation — 1940

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operation:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. K. Watts M.D.

M. D. or other

Address: Federalsburg Date signed: 10/16/40

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NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

10554

Reg. Diat. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 years
Hospital, Institution, or street address where death occurred:
208 Willis
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 208 Willis
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: John H. Grant Bramble

3. (b) Social Security Number: 212-14-4174

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lydia Pritchett
6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): 6-20-1868

8. AGE: Years	Months	Days	If less than one day
72	4	5	hrs. min.

9. Birthplace: Bishops Head, Md. (Town, county, and state)
10. Usual occupation: ~~Fisherman~~ Watchman
11. Industry or business: Phillips Packing Co.

FATHER
12. Name: Washington Bramble
13. Birthplace: Bishops Head

MOTHER
14. Maiden name: Mary E. Hasselman
15. Birthplace: Bishops Head

16. Informant: Mrs. Grant Bramble
Address: Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/27/1940 (month) (day) (year)
Cemetery or crematory: Dorchester Memorial
Location: Cambridge, Md.
19. Funeral director: Granville LeCompte
Address: Cambridge, Md

19. 10-26 1940 (Date rec'd by registrar) John Mace W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-25 1940, at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/10 1940, to 10-25 1940
and that I last saw h.. alive on Oct. 25 1940.

Immediate cause of death	DURATION
Immediate cause of death: Inanition	
Due to: Psychoses with cerebral arteriosclerosis	3 weeks
Due to: Cerebral hemorrhage Left ? acc. Hypertension, on a	?
Other conditions: Multiple epitheliomata face and body. Rt. Hemiplegia	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Cambridge Md. Date signed 10/25/40

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NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

10555

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Reliance
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Seaford R.F.D. Del
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Reliance Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Seaford R.F.D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME ~~Bobby Ray~~ Franklin Lee Cannon

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	M

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 26, 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.
Stillborn

9. Birthplace: Dorchester Co, Md
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Stephen Leon Cannon
13. Birthplace: Calvine Co, Md.

MOTHER
14. Maiden name: Gertrude Cannon
15. Birthplace: Dorchester Co, Md

16. Informant: Gertrude Cannon
Address: Seaford, R.F.D. Del

17. (Burial, cremation, or removal. Which?) Burial Date thereof October 27-1940 (month) (day) (year)

Cemetery or crematory: Bethel Md
Location: Near Federalsburg

19. Funeral director: Stephen Leon Cannon (Father)
Address: Seaford Del R.F.D.

19 October 27 1940 (Date rec'd by registrar) Charles Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 26/1940 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Stillborn — DURATION

Due to:

Due to:

Other conditions: Cause undetermined

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. K. Knotts MD
M. D. or other
Address: Federalsburg, Md Date signed 10/29/40

RECEIVED
NOV 6 1940
BUREAU V. S.

5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

10556

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 48 years
Hospital, institution, or street address where death occurred:
207 Rabbins St.
How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 207 Rabbins
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Charles E. Davis

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married ~~Widowed~~

6.(b) Name of husband or wife: Ella Marshall
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): 3-6-1863

8. AGE:

Years	Months	Days	If less than one day
77	7	18	..... hrs. ..... min.

9. Birthplace: Dorchester County, Md.
(Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Contracting
FATHER 12. Name: Joseph E. Davis
13. Birthplace: Talbot Co.
MOTHER 14. Maiden name: Mary J. Warton
15. Birthplace: Talbot Co.
16. Informant: Daisy Davis
Address: Cambridge, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-26-40 (month) (day) (year)
Cemetery or crematory: Dorchester Memorial
Location: Cambridge, Md.
18. Funeral director: Granville LeCompte
Address: Cambridge, Md
19. 10-26 1940 (Date rec'd by registrar) John Mace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10 / 24 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3, 1940 to Oct 24 1940
and that I last saw him alive on Oct 23 1940

Immediate cause of death	DURATION
Apoplexy	2 days
Due to: Arteriosclerosis	2
Due to: Old age - Chronic urinary infection	5 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Stone in the urinary bladder Date of Operation June 3, 1938
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John Schneider M.D.
M. D. or other
Address: Cambridge, Md. Date Signed: Oct 25, 1940

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING (I)

(M)

RECEIVED
NOV 5 1940
BUREAU V. S.

10557

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County: Dorchester

City or town: Vienna
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Four Years

Hospital, institution, or street address where death occurred: Salisbury; Cambridge Blvd.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Vienna
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Salisbury; Cambridge Blvd
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Jessie E. Dorman

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec. 30, 1909

8. AGE:

Years	Months	Days	If less than one day
30	9	20	— hrs. — min.

9. Birthplace: Quantico, Wicomico, Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: —

FATHER
12. Name: Wade H. Dorman
13. Birthplace: Quantico, Maryland

MOTHER
14. Maiden name: Annie W. Pollitt
15. Birthplace: Mardella Springs, Md.

16. Informant: Mrs. Annie W. Dorman
Address: Vienna, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 22, 1940
(month) (day) (year)

Cemetery ~~or crematory~~: Quantico Cemetery

Location: Quantico Episcopal Church Yd.

18. Funeral director: The Hill and Johnson Co.
Address: Salisbury, Maryland.

19. Oct 21 1940
(Date rec'd by registrar)
Elizabeth N. Craft
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 20, 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1940, to Oct 20 1940 and that I last saw her alive on Oct 20 1940

Immediate cause of death: Pulmonary Tuberculosis

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: D Allen Fields
M. D. or other

Address: Nanticoke, Md. Date signed: 10-21-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

VS A15 (M) (I) (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-20)

10558

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Salem (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 6 mos

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Salem Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. — (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Benjamin Franklin

3. (b) Social Security Number

4. Sex: male

5. Color or race: C.

6(a) Single, married, widowed, or divorced: widowed

6(b) Name of husband or wife: not known

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): not known

8. AGE: Years: 65 Months: — Days: — If less than one day: ____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER 12. Name: Not known

13. Birthplace

MOTHER 14. Maiden name: Not known

15. Birthplace

16. Informant: Charles McKnett

Address: Salem

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 19 - 1940 (month) (day) (year)

Cemetery or crematory: Silent City Cem

Location: Cambridge, Md.

18. Funeral director: Lewis A. Henry

Address: Cambridge, Md.

19. Nov. 19th 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 26 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ____, to — 19 ____, and that I last saw h — alive on — 19 ____.

Immediate cause of death: Cerebral Haemorrhage

Due to: Found in woods on Nov 18 - 1940

Due to

Other conditions: exposure (Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy: ✓

DURATION: 1 day

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ✓

Means of injury: ✓ Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other

Address: Cambridge Md. Date signed: Nov. 19/40

RECEIVED
DEC 4 1940
BUREAU V. S.

10559

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge R.F.D. Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5304 Maple Ave

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME Thomas R. Hubbard

3. (b) Social Security Number no

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Katie S. Tucker

Deceased — 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 7-25-1860

8. AGE: Years 80 Months 2 Days 15 If less than one day ..... hrs. ..... min.

9. Birthplace: Dar Co. Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Dirt

FATHER 12. Name: Thomas R. Hubbard

13. Birthplace: Md

MOTHER 14. Maiden name: Louisa Seward

15. Birthplace: Md

16. Informant: Mrs Nelson Hubbard

Address: Cambridge R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/12/40 (month) (day) (year)

Cemetery or crematory: Green Lawn

Location: Cambridge Md

18. Funeral director: G. S. Le Compte

Address: Cambridge Md

19. 10-12 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 10, 1940 at 4:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Oct 10 1940 and that I last saw him alive on Oct 3 1940

	DURATION
Immediate cause of death: Cerebral Hemorrhage	2 weeks
Due to: Arteriosclerosis	1 yr.
Due to: Hypertension	1 yr.
Other conditions: Left Hemiplegia	2 weeks

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op. none.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Gilbert E. Wilkins M.D. M. D. or other

Address: Cambridge Md Date signed 10-12-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

T

RECEIVED
NOV 5 1940
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

10560

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Vienna (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. Cambridge Maryland Hospital (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Hughes.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7-1940

8. AGE: Years | Months | Days: 12 16 | If less than one day: hrs. min.

9. Birthplace Cambridge Maryland. (Town, County, and state)

10. Usual occupation infant

11. Industry or business

FATHER 12. Name Floyd Stanford Hughes.

13. Birthplace Vienna

MOTHER 14. Maiden name Hettie Anne Thomas.

15. Birthplace Kingston, Maryland.

16. Informant Mrs. Hettie Hughes.

Address Vienna Md.

17. ~~Cremation~~ Burial (Burial, cremation, or removal. Which?) Date thereof 10/23/40 (month) (day) (year)

Cemetery or crematory Family Lot

Location Vienna Md.

18. Funeral director Floyd Hooper

Address Vienna Md

19. 10/23/ 19 40 (Date rec'd by registrar) John Meade Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 19 40, at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19 40 to Oct 23 19 40, and that I last saw h OR alive on Oct. 22 19 40.

Immediate cause of death

Due to Prematurity (6 months gestation)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. Thomas M. D. or other

Address Cambridge Md Date signed 10/23/40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(137-a)

10561

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester Co.
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge-Md. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 weeks.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Vienna Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Andrew Jackson

3. (b) Social Security Number None

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Married
6 (b) Name ~~of husband~~ or wife Lula Jackson
6(c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) Oct. 10, 1890

8. AGE: Years 50 yrs. Months Oct Days 10th If less than one day 1940 hrs. min.

9. Birthplace Petersburg Virginia (Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business Farming.

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden name Pinkie Jackson
15. Birthplace Petersburg Virginia

16. Informant Wife
Address Vienna Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 31, 1940 (month) (day) (year)
Cemetery or crematory Vienna Cem.
Location Vienna, Maryland.
18. Funeral director Louis H. Bayneum
Address Cambridge, Md.

19. Oct 30 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28th 1940 at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14th 1940, to Oct 28th 1940.
and that I last saw him alive on Oct 28th 1940

Immediate cause of death Acute Nephritis with Acute Cystitis
Due to Infection.
Due to
Other conditions Enlarged Prostate Gland.
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

DURATION
Oct 5th 1940
to Oct 28 1940.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) None
Means of injury Injured at work?

23. SIGNATURE Thos. L. Coll M.D. M. D. or other
Address Cambridge Md Date signed Oct 30 1940.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. R.

Dr. Lennon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CB

11066

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 days

Hospital, Institution, or street address where death occurred: Preston Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Delaware County Sussex

City or town Bridgeville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Mary Jackson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife Thomas Jackson

6.(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) About 1863

8. AGE: Years	Months	Days	If less than one day
77	–	–	hrs. min.

8. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name John Cephas
13. Birthplace Dorchester County, Maryland

MOTHER
14. Maiden name Priscilla —
15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Mary Emily Fletcher

Address Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 7, 1940 (month) (day) (year)

Cemetery or crematory Federalsburg Colored Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. October 7 1940 (Date rec'd by registrar) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1940, at 2:25 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26 1940 to Oct 3 1940 and that I last saw her alive on Oct 3 1940

Immediate cause of death General Debility
Due to Old age, with chronic Myocarditis,

Due to

Other conditions None

(Include pregnancy within 3 months of death)

DURATION ?

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Lennon MD M. D. or other

Address Federalsburg Md Date signed Oct 4 '40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1941
BUREAU V. C.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10562

1. PLACE OF DEATH (159)

County Dorchester Registration Dist. No. 116

Village or City Cambridge Maryland No. 223 Pine St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Premature Johnson If U. S. Veteran, specify WAR ___

(a) Residence: No. 223 Pine St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No.

6. DATE OF BIRTH (month, day, end year) October 7. 1940.

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ___ min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupetion ___

12. BIRTHPLACE (city or town) Cambridge (State or country) Maryland

FATHER

13. NAME James Mason.

14. BIRTHPLACE (city or town) Madison (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Cooper.

16. BIRTHPLACE (city or town) Woolfords (State or country) Maryland

17. INFORMANT Alice C. Johnson (Address) Cambridge Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Madison, Md Date Oct 8, 1940

19. UNDERTAKER Samuel Harris (Address) 240 Pine St. Cambridge, Md.

20. FILED 10-8, 1940 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 7. (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1940, to October 7, 1940. I last saw h. M elive on Oct 7, 1940; death is said to heve occurred on the date stated above, at 5 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Prematurity — Date of onset Oct. 7. 1940

Other Contributory Causes of importance: Hypotoxic state of mother.

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Wes there an eutopsy? ___

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) W. T. Banks M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (309)

10563

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D # 2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Caleb Jones.

3. (b) Social Security Number none

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bertha Jones

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 16 1892

8. AGE: Years 48 Months 27 If less than one day ____ hrs. ____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Farm laborer

11. Industry or business

MOTHER FATHER

12. Name John Jones

13. Birthplace Virginia

14. Maiden name Martha Beans

15. Birthplace Virginia

16. Informant Hospital Record

Address Cambridge, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Oct. 16 - 1940
(month) (day) (year)

Cemetery or crematory Silent City Cemetery

Location Cambridge, Md

18. Funeral director Lewis H. Bayneum

Address Cambridge, Md

19. 10 - 16 1940 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 8 1940, to Oct. 13 1940, and that I last saw him alive on Oct 13 1940.

Immediate cause of death Paralytic ileus

Due to intensive purgation

Due to

Other conditions Syphilis

(Include pregnancy within 3 months of death)

Major findings:

Of operations paralytic ileus

Of autopsy

DURATION

Oct. 3 1940

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE W. F. Franks M. D. or other

Address Cambridge Md Date signed 10/13/40

RECEIVED
NOV 5 1910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

10564

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:
County Dorchester
City or town Bishops Head, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 85
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Bishops Head, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. ✓
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME Issa L. Jones

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Columbus J. Jones
Deceased — 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3-3-1855

8. AGE: Years 85 | Months 7 | Days 14 | If less than one day ..... hrs. ..... min.

9. Birthplace Bishops Head, Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name Silas Jones
13. Birthplace Md

MOTHER
14. Maiden name Rachel Jones
15. Birthplace Md

16. Informant Mrs. Arthur Jones
Address Bishops Head, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/19/40 (month) (day) (year)
Cemetery or crematory Bishops Head
Location Bishops Head, Md

18. Funeral director W. S. L. Dryden
Address Cambridge, Md

19. Oct 18 1940 (Date rec'd by registrar) Wilson D. Pritchett Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1940, at 10.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1st 1940 to Oct 17th 1940 and that I last saw her alive on Oct 17th 1940

Immediate cause of death	DURATION
General Paralysis	
Due to	
Due to	
Other conditions Carcinoma of Stomach	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Dr. W. L. Hymes M. D. or other

Address Bishops Head Md Date signed Oct 18 1940

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 5 1940
U. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121) (140-a)

10565

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Cambridge Md Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Sewards Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Marie Robbins Keys

3. (b) Social Security Number no

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed, or divorced married —

6.(b) Name of husband or wife Sydney Stakes Keys

6.(c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) 10-22-1919

8. AGE: Years 20 Months 11 Days 20 If less than one day ..... hrs. ..... min.

9. Birthplace Sewards Md (Town, county, and state)

10. Usual occupation Home Wife

11. Industry or business Home

FATHER 12. Name Chas Robbins

13. Birthplace Md

MOTHER 14. Maiden name Bertie Sharter

15. Birthplace Md

16. Informant Sydney Stakes Keys

Address Sewards, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/13/40 (month) (day) (year)

Cemetery or crematory Green Lawn

Location Cambridge Md

18. Funeral director G S Le Compte

Address Cambridge Md

19. 10-13 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Oct 12 1940

and that I last saw her alive on Oct 12 1940

Immediate cause of death acute gangrenous appendicitis with diffuse peritonitis followed by

Due to Staphylococcus Septicemia

Due to

Other conditions Pregnancy 6½ months. aborted Sept 3.1940 Spontaneously

(Include pregnancy within 6 months of death)

Major findings of operations Ruptured appendix & diffuse peritonitis. - 6½ mos. pregnancy. None Date of op. Sept 1.1940

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wylie M Faw M. D. M. D. or other

Address Cambridge Md Date signed 10-13-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

10566

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md (WITHIN CORPORATE LIMITS)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Choptank Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 39

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Choptank Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME J. Harry Kraft

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Mary Elizabeth Phillips
6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 12-24-1876

8. AGE: Years 63 | Months 9 | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace Queen Anne Co. Md (Town, county, and state)
10. Usual occupation Shirt Factory
11. Industry or business Superintendent.
FATHER 12. Name John Kraft
13. Birthplace Md
MOTHER 14. Maiden name Eliza Porter
15. Birthplace Md
16. Informant Phillips Kraft, Wife
Address Cambridge Md
17. Burial, (Burial, cremation, or removal. Which?) Date thereof 10/4/40 (month) (day) (year)
Cemetery or crematory Dar Mem Park
Location Cambridge Md
18. Funeral director G S LeCompte
Address Cambridge Md
19. Oct 3rd 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1940, at 2.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 2 1940, and that I last saw him alive on Oct 2 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	6 hrs.
Due to Arterio-Sclerosis	1 yr.
Due to Hypertension	1 yr.
Other conditions Left Hemiplegia complete	6 hrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Gilbert E. Mullins M.D.
M. D. or other
Address Cambridge Md Date signed 10-2-1940

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NOV 5 1940

10567

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:
County Dorchester
City or town Secretary
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Dorchester
City or town Secretary Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Josephine Marousek

3. (b) Social Security Number none

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 28 1915

8. AGE: Years 25 Months ✓ Days 14 If less than one day ___ hrs. ___ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Joseph Marousek
13. Birthplace Md

MOTHER
14. Maiden name Katherine Ero
15. Birthplace Md

16. Informant Mrs Joseph Marousek
Address Secretary

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 15 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location Secretary

18. Funeral director H. H. Willoughby
Address East New Market

19. Oct 14 1940 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 6 1940, to Oct. 12 1940, and that I last saw her alive on Oct. 12. 1940.

Immediate cause of death: Uremia — DURATION 10/6/40.
Due to Chronic Nephritis & Albuminuria
Due to Essential Hypertension
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Cambridge Md. Date signed 10/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164e

10568

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:
County: Dorchester
City or town: Hooperville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ✓
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Hooperville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3.(a) FULL NAME Emerson Rake Mitchell

3.(b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Ida T. (Burgess)
6.(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): 12-4-1877

8. AGE: Years	Months	Days	If less than one day
62	10	13	...hrs. ...min.

9. Birthplace: Dor Co. Maryland (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Farmer

FATHER
12. Name: Zebulon Mitchell
13. Birthplace: Md

MOTHER
14. Maiden name: Adelia Fooks
15. Birthplace: Md

16. Informant: Mrs Thelma Blackwell
Address: Cambridge Md

17. Burial (Burial, cremation, or removal? Which?) Date thereof 10/19/40 (month) (day) (year)
Cemetery or crematory: Cambridge
Location: Cambridge Md
18. Funeral director: G & L Compte
Address: Cambridge Md

19. Oct. 18 1940 (Date rec'd by registrar) James C. Meares Registrar LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 17 1940 at 1.30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from — 19... to — 19...
and that I last saw h... alive on — 19...

Immediate cause of death	DURATION
Gun shot Wound of Head	Immediately
Due to	
Due to	
Other conditions X	

(Include pregnancy within 3 months of death)

Major findings of operations: X
Date of op. ...
Autopsy results: X
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of Oct 17 1940
Where did injury occur? Hooperville (City or town) Dor. (County) Md (State)
Injured at home, farm, industry, public place (where?) At home
Means of injury gun shot Injured at work? No

23. SIGNATURE: Dr. K. Shriver Dep. Med. Exam. M. D., or other
Address: Cambridge Md Date signed: Oct. 18/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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NOV 6 1940
BUREAU V. S.

10569

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County: Dorchester

City or town: Rhodesdale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Rhodesdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Louise Murray

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 9 1912

8. AGE: Years: 28 Months: 1 Days: 25 If less than one day ____ hrs. ____ min.

9. Birthplace: Salem Dor. Co. Md
(Town, county, and state)

10. Usual occupation: General House Work

11. Industry or business: Home

FATHER
12. Name: George Murray
13. Birthplace: Vienna Dor. Co. Md

MOTHER
14. Maiden name: Vera Hopkins
15. Birthplace: Hurlock Dor. Co. Md

16. Informant: Ethel Murray
Address: Cambridge, Md

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof: Oct. 7 1940 (month) (day) (year)

Cemetery or crematory: Cemetry

Location: Salem, Dor. Co. Md

18. Funeral director: H. M. St. Clair
Address: Cambridge, Md.

19. Oct - 6 1940
(Date rec'd by registrar)
Elizabeth H. Craft
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 4 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 4 1940, and that I last saw her alive on Oct 1 1940.

Immediate cause of death: Myocarditis Acute

Due to: Epilepsy

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy

DURATION: 3 days; 15 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Jos. K. Shriver, M.D.
M. D. or other

Address: Cambridge Md Date signed: Oct 6 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-L) 6

10570

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 5 mos. 26 days
Stay in this community (yrs., or mos., or days): 5 mos. 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Neavitt Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida B. Newman

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: John S. Newnam
6(c) If alive, give age: 91 years

7. Birth date of deceased (mo., day, yr.): January 24 1860

8. AGE: Years	Months	Days	If less than one day
80	8	26	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER 12. Name: Unknown
13. Birthplace: Maryland
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Hospital Records
Address: State Hospital, Cambridge
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 22 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Neavitt Md
18. Funeral director: Newnam & Harmon
Address: St. Michaels, Md
19. Oct. 21 1940 (Date rec'd by registrar) John Meade M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 20 1940, at 9AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1940, to October 20 1940, and that I last saw her alive on October 19 1940.

Immediate cause of death: Chronic Myocarditis & Myocardial Degeneration — DURATION: Unknown
Due to: Generalized Arteriosclerosis — Unknown
Due to:
Other conditions: Senile Psychosis — 4 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Charles Wayle M.D. M. D. or other
Address — Date signed

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NOV 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

10571

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:

County Dorchester

City or town Wingates
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Wingates
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Elizabeth Powley

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Jesse J. Powley

6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.): March 14, 1876

8. AGE: Years 64 | Months 6 | Days 25 | If less than one day ... hrs. ... min.

9. Birthplace: Dorchester, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Wm C. Dean
13. Birthplace: Wingates Md.

MOTHER
14. Maiden name: Laura Robinson
15. Birthplace: Md.

16. Informant: George C. Powley
Address: Wingates, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-11-1940 (month) (day) (year)

Cemetery or crematory: Family Cemetary

Location: Wingates, Md.

18. Funeral director: Granville S. Le Compte

Address: Cambridge, Md

19. 10/11 1940 (Date rec'd by registrar) Wilson D Pritchett Registrar
Local

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/10 1940 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/20. 1940. to 10/10 1940 and that I last saw h.ee alive on 10/10 1940.

Immediate cause of death: Adeno carcinoma Left Colon. — DURATION ?

Due to

Due to

Other conditions: Diabetes Mellitus — 4 years
(Include pregnancy within 3 months of death)

Major findings of operations: None.

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge Md. Date signed 10/10/40

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NOV 5 1940
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106-a)

10572

CERTIFICATE OF DEATH

Reg. Dist. No. 111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Dorchester

City or town near East New Market

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State — County —

City or town — Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME William A Stanley.

3. (b) Social Security Number 582-02-12-13-2003

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) aug 15 1894

8. AGE: Years 46 | Months 2 | Days — | If less than one day — hrs. — min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business —

FATHER 12. Name Henry Stanley

13. Birthplace Md

MOTHER 14. Maiden name Henrietta Thomas

15. Birthplace Md

16. Informant Allen Stanley

Address East New Market

17. Buried Oct 30 1940

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory cemetery

Location Thompson Town

16. Funeral director H. H. Wellington Ely

Address East New Market, Md

19. Oct 29 1940 H. E. Parker

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27th 1940 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15th 1940 to Oct 27th 1940

and that I last saw him alive on Oct 23rd 1940

Immediate cause of death Cardiac Failure

Due to Dysentery (meaning) Bloody discharge from bowels

Due to Malaria

Due to Physician only saw patient once

Other conditions Acute Bronchitis

(Include pregnancy within 3 months of death)

DURATION	
Years	
Months	
Days	
	1
	15/40
	10/27/40

Major findings:

Of operations None

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Thos L Collins M.D.

M. D. or other

Address Cambridge Md Date signed Oct 28/40

RECEIVED
NOV 6 1940

10573

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 2 Slacum Street.

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No. 2 Slacum Street (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Stillborn Stevens

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	Single

6.(b) Name of husband or wife none

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1940

8. AGE: Years Stillborn | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Cambridge, Maryland (Town, county and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name David Stevens
13. Birthplace Talbot Co. Md

MOTHER
14. Maiden name Hannah Cephas
15. Birthplace Baltimore, Md.

16. Informant Hannah Cephas Stevens

Address 2 Slacum St. Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 29, 1940 (month) (day) (year)

Cemetery or crematory Bethel Cem.

Location Cambridge, Maryland

16. Funeral director David Stevens - (Father)

Address 2 Slacum St. Cambridge, Md

19. 10-29 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940, at 9:P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all, to ..... 19.....

and that I last saw h..... alive on not at all 19.....

Immediate cause of death Stillborn 3 Mo.

Due to Cause unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace Jr. M.D. or other

Address Cambridge Md Date signed 10/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (467)

CERTIFICATE OF DEATH

10574

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town R.F.D. Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town R.F.D. Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Greenlawn

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William H. Stewart

3.(b) Social Security Number 220-03-8175

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife Margaret L. Coulbourne

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1872

8. AGE: Years	Months	Days	If less than one day
68	10	17	..... hrs. ..... min.

9. Birthplace Jeffersville, Md. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Home Const.

FATHER 12. Name William Stewart

13. Birthplace Md.

MOTHER 14. Maiden name Mary Ishmond

15. Birthplace Md.

16. Informant Mrs. Julian Hubbard

Address R.F.D. Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 8 1940 (month) (day) (year)

Cemetery or crematory Greenlawn Cemt.

Location Cambridge, Md.

18. Funeral director G.E. Le Compte

Address Cambridge, Md.

19. 10-9 1940 John Mace W. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1940 at 1.40 am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from SEPTEMBER 4. 1940, to OCT. 6 1940. and that I last saw h. alive on OCT. 6. 1940.

	DURATION
Immediate cause of death ACUTE MYOCARDIAL FAILURE	Oct. 5. 1940
Due to (CACHEXIA OF CARCINOMA. (PRIMARY) OF LIVER.	
Due to	
Other conditions ascites	

(Include pregnancy within 3 months of death)

Major findings of operations Large nodular infiltrated liver Date of op. 9/16/40

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE W. E. Banks. M. D. or other

Address Cambridge Maryland Date signed 10/6/40.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

10575

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6 Ross

Stay in hospital or inst. (yrs., or mos., or days): X

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 6 Ross
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: X

3. (a) FULL NAME: Alice May Trice

3. (b) Social Security Number: X

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: X

6(c) If alive, give age: X years

7. Birth date of deceased (mo., day, yr.): 8-22-40

8. AGE: Years | Months: 1 | Days: 11 | If less than one day: hrs. min.

9. Birthplace: Cambridge, Dorchester, Md.
(Town, county, and state)

10. Usual occupation: X

11. Industry or business: X

FATHER
12. Name: Virgil Trice
13. Birthplace: Cambridge

MOTHER
14. Maiden name: Lillian Hart
15. Birthplace: Robbins Md.

16. Informent: Virgil Trice
Address: Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10-4-40 (month) (day) (year)

Cemetery or crematory: Green Lawn

Location: Cambridge

18. Funeral director: Granville LeCompte

Address: Cambridge, Md

19. 10-7 1940 (Date rec'd by regiatrar) Olive Mace Jr. Regiatrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 3rd 1940, at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 2nd 1940 to October 3rd 1940, and that I last saw her alive on October 2nd 1940.

	DURATION
Immediate cause of death: Acute Cardiac Failure	3-4 hrs.
Due to: Congenital Heart Disease	1 Mo. 11 days
Due to: Malnutrition	Approx 2 wks
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Eldridge H. Duff M.D.
M. D. or other

Address: Cambridge Md Date signed: 10-3-40

RECEIVED
NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89a)

10576

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 25 yrs 5m 13 ds.

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Unknown Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lillie A. Vincent

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 71 Months: unknown Days: unknown If less than one day: ____ hrs. ____ min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Music tacher

11. Industry or business

FATHER 12. Name: John W. Vincent

13. Birthplace: Maryland

MOTHER 14. Maiden name: Margaret A. Collins

15. Birthplace: Delaware

16. Informant: Hospital Records

Address: State Hospital Cambridge Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29 40 (month) (day) (year)

Cemetery or crematory: Whatcoat

Location: Snow Hill Md

18. Funeral director: Deame & Deame

Address: Snow Hill Md

19. 10-28 (Date rec'd by registrar) 1940 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 28 19 40, at 12.40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 40 to October 28 19 40

and that I last saw her alive on October 28 19 40

	DURATION
Immediate cause of death: Cerebral Hemorrhage	10min.
Due to: Cerebral Arteriosclerosis	over 17 yrs.
Due to:	
Other conditions: Schizophrenia	45 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles W Taylor M.D. M. D. or other

Address: Cambridge Md Date signed 10/30/40

RECEIVED
NOV 5 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

10577

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 29 years

Hospital, institution, or street address where death occurred: 110 Robbins, St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 110 Robbins

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Martin L. Thilley

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Mary C Dixon

6.(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.): 1-24-1862

8. AGE: Years 78 | Months 8 | Days 25 | If less than one day ..... hrs. ..... min.

9. Birthplace: Dor Co Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: General

FATHER

12. Name: Geo H. Thilley

13. Birthplace: Md.

MOTHER

14. Maiden name: Susan Dean

15. Birthplace: Md

16. Informant: Mrs Mary Thilley

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/20/40 (month) (day) (year)

Cemetery or crematory: Dor Mem Park

Location: Cambridge Md

18. Funeral director: G S LaCompte

Address: Cambridge Md

19. 10-19 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 16th 1940, to 10-19th 1940 and that I last saw him alive on Oct 18 1940

Immediate cause of death	DURATION
Cardiac Failure	3-4 hrs.
Due to arteriosclerotic Cardio-Vascular Renal Disease	10 mos.
Due to Uremia	1 Mo.
Other conditions Cerebral arteriosclerosis	?

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Eldridge H. Wolff MD M. D. or other

Address Cambridge, Md. Date signed 10-19-40

RECEIVED
NOV 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10578

Reg. Dist. No. 16

1. PLACE OF DEATH

County: ~~Dorchester~~ Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 mos. 2 days

Stay in this community (yrs., or mos., or days): 2 mos. 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil County

City or town: Chesapeake City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Elizabeth Wooleyhan

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: James Alfred Wooleyhan

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
84	unknown		____ hrs. ____ min.

9. Birthplace: Cecil County Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER — 12. Name: James Stradley

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: First name unknown Ruley

MOTHER — 15. Birthplace: Maryland

16. Informant: Hospital Records

Address: State Hospital Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 25, 1940 (month) (day) (year)

Cemetery or crematory: Bethel Cemetery

Location: Cecil County.

18. Funeral director: John H. Coppage

Address: Cecilton, Md.

19. 10-23-1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 22 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20 1940 to October 22 1940, and that I last saw her alive on October 22 1940.

Immediate cause of death	DURATION
Chronic Myocarditis & Myocardial Degeneration	about 4 yrs.
Due to: Generalized Arteriosclerosis	unknown
Due to:	
Other conditions: Psychosis with Somatic Disease	3 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles Naylor M.D.

M. D. or other

Address: Date signed

RECEIVED
NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122b)

10579

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 50 A Douglas St
Stay in hospital or inst. (yrs., or mos., or days): ~~15 yrs~~
Stay in this community (yrs., or mos., or days): 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 50 A - Douglas St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Woolford

3. (b) Social Security Number: none

4. Sex: female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John A. Woolford
6(c) If alive, give age: 47 years
7. Birth date of deceased (mo., day, yr.): Aug 16th 1900

8. AGE: Years: 40 Months: 1 Days: 16 If less than one day: hrs. min.

9. Birthplace: Spartansburg, S.C. (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER
12. Name: Don't know
13. Birthplace: Spartansburg S.C.

MOTHER
14. Maiden name: Don't know
15. Birthplace: Spartansburg S.C

16. Informant: Jno. Oliver Woolford
Address: Cambridge Md

17. ~~Oct 23rd 1940~~ (Burial, ~~cremation, or removal~~, Which?) Date thereof: Oct. 23rd 1940 (month) (day) (year)
Cemetery or crematory: Bethel Cemetery
Location: Bayley Rd. Cambridge Md

18. Funeral director: TTMSL Claire
Address: Cambridge Md.

19. 10-23 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 19 1940, at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 9 1940, to Oct. 19 1940, and that I last saw her alive on Oct. 19 1940.

Immediate cause of death: Partial Intestinal obstruction — DURATION: 2 mos.

Due to: postoperative adhesions

Due to:

Other conditions: Pork Tapeworm infestation
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. ~~or other~~
Address: Cambridge Md Date signed: 10/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92d)

10580

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge R.F.D. Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life —

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge R.F.D. Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME William Oliver Wright

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married —

6.(b) Name of husband or wife: Ella Seward

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): 11-27-187

8. AGE:

Years	Months	Days	If less than one day
69	10	16	...hrs. ...min.

9. Birthplace: Dorchester Co Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Dirt

FATHER

12. Name: Robert J. Wright

13. Birthplace: Md

MOTHER

14. Maiden name: Sarah E Wright

15. Birthplace: Md

16. Informant: Mrs Ella Wright

Address: Cambridge R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/15/40 (month) (day) (year)

Cemetery or crematory: Green Lawn Country.

Location: Cambridge Md

18. Funeral director: G. S. Le Compte

Address: Cambridge Md

19. 10-14 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 13 1940, at 11.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1940, to Oct 13 1940 and that I last saw him alive on Oct 12 1940

Immediate cause of death	DURATION
Acute Cardiac Dilatation	1 day
Due to Volvular Heart Disease	2 mos.
Due to Arteriosclerosis	6 mos.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.: none

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Gilbert Ellingsworth M.D. M. D. or other

Address: Cambridge Md Date signed: Oct 14 1940

RECEIVED
NOV 5 1940
BUREAU Y. E.